U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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3. Name and address of person filing.

Name Kimberley A Chaput

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 000-188

Name Communication Workers of America

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 8085 E. Prentice Avenue	Street 501 Third Street, NW	
City Greenwood Village	City Washington	
State Colorado ZIP Code + 4 80111	State District of Columbia ZIP Code + 4 20001	
5. Position in labor organization. Attorney (in-house)		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Alaska Airlines, Inc.	Gift card given as wedding present October 20, 2004	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Box 68900	7.b. Amount.	
Street		
City Seattle	\$50	
State Washington ZIP Code + 4 98168		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
signed Kimberley Chaput	On 7/6/2005 (303) 770-2825	
	Date Telephone Number	
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Name of Person Filing Kimberley Chaput	File Number u-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	}	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	